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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas Iowa, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (Prior Period) NAIC Company Code 15800 Employer's ID Number 47-3923267

Organized under the Laws of Iowa , State of Domicile or Port of Entry Iowa

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 05/05/2015 Commenced Business 08/19/2015

Statutory Home Office Two Ruan Center, 601 Locust Street, Suite 900 (Street and Number) , Des Moines, IA, US 50309 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address Two Ruan Center, 601 Locust Street, Suite 900 (Street and Number or P.O. Box) , Des Moines, IA, US 50309 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealthcaritasia.com

Statutory Statement Contact Sharon Elaine Duncan (Name) , 717-671-6552 (Area Code) (Telephone Number) (Extension)
sduncan@amerihealthcaritas.com (E-Mail Address) 215-937-5353 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne #	Treasurer	Robert Edward Tootle, Esquire	Secretary
Russell Raymond Gianforcaro	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Steven Harvey Bohner Marilyn Lee Eckley # Michael John Burgoyne #

State of Pennsylvania

County of Philadelphia

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne
Treasurer

Robert Edward Tootle, Esquire
Secretary

Russell Raymond Gianforcaro
President

Subscribed and sworn to before me this
day of February, 2019

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	10,100,910		10,100,910	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$36,935,037 , Schedule E-Part 1), cash equivalents (\$18,359,551 , Schedule E-Part 2) and short-term investments (\$34,333,863 , Schedule DA).....	89,628,451		89,628,451	129,967,958
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	99,729,361	.0	99,729,361	129,967,958
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	371,608		371,608	226,666
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	32,464,747		32,464,747	107,587,968
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	597,366
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon	2,268,557		2,268,557	1,638,500
18.2 Net deferred tax asset.....			.0	.0
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....			.0	206,064
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates	2,830	2,830	.0	5,000,000
24. Health care (\$1,569,209) and other amounts receivable.....	3,602,849	2,033,640	1,569,209	10,135,641
25. Aggregate write-ins for other-than-invested assets	30,383	.0	30,383	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	138,470,335	2,036,470	136,433,865	255,360,163
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	138,470,335	2,036,470	136,433,865	255,360,163
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Other receivables.....	30,383	.0	30,383	.0
2502. ....			.0	.0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	30,383	.0	30,383	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	4,572,820		4,572,820	96,624,590
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	104,627		104,627	3,169,887
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	2,174		2,174	994,510
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	28,379		28,379	7,449,388
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	123,515	0	123,515	569,261
24. Total liabilities (Lines 1 to 23).....	4,831,515	0	4,831,515	108,807,636
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	14,798,963
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	598,000,000	648,000,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(466,398,650)	(516,247,436)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	131,602,350	146,552,527
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	136,433,865	255,360,163
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	123,515		123,515	569,261
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	123,515	0	123,515	569,261
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX		14,798,963
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	14,798,963
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	0	2,447,330
2. Net premium income (including \$0 non-health premium income).....	XXX	2,831,245	1,748,319,046
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,831,245	1,748,319,046
Hospital and Medical:			
9. Hospital/medical benefits		(15,386,731)	1,061,447,380
10. Other professional services			542,627,141
11. Outside referrals			0
12. Emergency room and out-of-area			59,267,875
13. Prescription drugs		(2,990,722)	181,619,145
14. Aggregate write-ins for other hospital and medical	0	1,453,893	45,368,917
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	(16,923,560)	1,890,330,458
Less:			
17. Net reinsurance recoveries		1,213,657	1,350,873
18. Total hospital and medical (Lines 16 minus 17)	0	(18,137,217)	1,888,979,585
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$0 cost containment expenses.....		0	44,150,698
21. General administrative expenses.....		7,412,791	75,630,466
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	(77,199,548)
23. Total underwriting deductions (Lines 18 through 22)	0	(10,724,426)	1,931,561,201
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	13,555,671	(183,242,155)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		2,142,135	2,424,336
26. Net realized capital gains (losses) less capital gains tax of \$(21,688)			(1,056,757)
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,120,447	1,367,579
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	15,676,118	(181,874,576)
31. Federal and foreign income taxes incurred	XXX	(15,438,858)	(12,532,501)
32. Net income (loss) (Lines 30 minus 31)	XXX	31,114,976	(169,342,075)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Durable Medical Equipment.....		430,693	13,709,731
1402. Alternative Medical Costs.....		784,652	4,346,402
1403. Provider Passthrough Expenses.....		169,054	26,499,699
1498. Summary of remaining write-ins for Line 14 from overflow page	0	69,494	813,085
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	1,453,893	45,368,917
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	146,552,527	140,060,545
34. Net income or (loss) from Line 32	31,114,976	(169,342,075)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(60)	(286)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	3,934,907	834,343
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	(50,000,000)	175,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(14,950,177)	6,491,982
49. Capital and surplus end of reporting year (Line 33 plus 48)	131,602,350	146,552,527
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	77,954,466	1,702,238,000
2. Net investment income	1,992,290	2,197,670
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	79,946,756	1,704,435,670
5. Benefit and loss related payments	61,752,451	2,014,625,229
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	17,779,112	118,251,486
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(14,808,801)	(10,894,001)
10. Total (Lines 5 through 9)	64,722,762	2,121,982,714
11. Net cash from operations (Line 4 minus Line 10)	15,223,994	(417,547,044)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(21,748)	(6,393)
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	(21,748)	(6,393)
13. Cost of investments acquired (long-term only):		
13.1 Bonds	10,096,007	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	1,050,650
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,096,007	1,050,650
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(10,117,755)	(1,057,043)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	(45,000,000)	450,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(445,746)	(768,381)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(45,445,746)	449,231,619
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(40,339,507)	30,627,532
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	129,967,958	99,340,426
19.2 End of year (Line 18 plus Line 19.1)	89,628,451	129,967,958

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth Caritas Iowa, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,831,245	0	0	0	0	0	0	2,831,245	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,831,245	0	0	0	0	0	0	2,831,245	0	0
8. Hospital/medical benefits	(15,386,731)							(15,386,731)		XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	(2,990,722)							(2,990,722)		XXX
13. Aggregate write-ins for other hospital and medical.....	1,453,893	0	0	0	0	0	0	1,453,893	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14)	(16,923,560)	0	0	0	0	0	0	(16,923,560)	0	XXX
16. Net reinsurance recoveries	1,213,657							1,213,657		XXX
17. Total hospital and medical (Lines 15 minus 16)	(18,137,217)	0	0	0	0	0	0	(18,137,217)	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses.....	0									
20. General administrative expenses	7,412,791							7,412,791		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	(10,724,426)	0	0	0	0	0	0	(10,724,426)	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	13,555,671	0	0	0	0	0	0	13,555,671	0	0
DETAILS OF WRITE-INS										
0501.	0							0		XXX
0502.	0							0		XXX
0503.	0							0		XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment.....	430,693							430,693		XXX
1302. Alternative Medical Costs.....	784,652							784,652		XXX
1303. Provider Passthrough Expenses.....	169,054							169,054		XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	69,494	0	0	0	0	0	0	69,494	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	1,453,893	0	0	0	0	0	0	1,453,893	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid.....	2,831,245			2,831,245
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	2,831,245	0	0	2,831,245
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	2,831,245	0	0	2,831,245

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth Caritas Iowa, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	63,563,474							63,563,474		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	1,811,023							1,811,023		
1.4 Net	61,752,451	0	0	0	0	0	0	61,752,451	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	4,572,820	0	0	0	0	0	0	4,572,820	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	4,572,820	0	0	0	0	0	0	4,572,820	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	(11,564,736)							(11,564,736)		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	96,624,590	0	0	0	0	0	0	96,624,590	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	96,624,590	0	0	0	0	0	0	96,624,590	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	597,366	0	0	0	0	0	0	597,366	0	0
12. Incurred benefits:										
12.1 Direct	(16,923,560)	0	0	0	0	0	0	(16,923,560)	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	1,213,657	0	0	0	0	0	0	1,213,657	0	0
12.4 Net	(18,137,217)	0	0	0	0	0	0	(18,137,217)	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	181,079							181,079		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	181,079	0	0	0	0	0	0	181,079	0	0
2. Incurred but Unreported:										
2.1. Direct	4,391,741							4,391,741		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	4,391,741	0	0	0	0	0	0	4,391,741	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	4,572,820	0	0	0	0	0	0	4,572,820	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	4,572,820	0	0	0	0	0	0	4,572,820	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid.....	77,517,402		4,572,820		82,090,222	96,624,590
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	77,517,402	0	4,572,820	0	82,090,222	96,624,590
10. Healthcare receivables (a).....	3,602,849				3,602,849	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	73,914,553	0	4,572,820	0	78,487,373	96,624,590

(a) Excludes \$ loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	.0	.0	.0	.0
2. 2014 .....	.0	.0	.0	.0	.0
3. 2015	XXX	.0	.0	.0	.0
4. 2016	XXX	XXX	1,322,265	185,164	(751)
5. 2017	XXX	XXX	XXX	1,828,741	74,666
6. 2018	XXX	XXX	XXX	XXX	0

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	.0	.0	.0	.0
2. 2014 .....	.0	.0	.0	.0	.0
3. 2015	XXX	.0	.0	.0	.0
4. 2016	XXX	XXX	1,543,815	1,513,403	1,507,128
5. 2017	XXX	XXX	XXX	1,919,392	1,907,530
6. 2018	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	.0	.0		.0	.0	.0			.0	.0
2. 2015.....	.0	.0		.0	.0	.0			.0	.0
3. 2016.....	1,397,986	(751)	32,978	(4,391.2)	32,227	2.3			32,227	2.3
4. 2017.....	1,748,319	74,666	43,861	58.7	118,527	6.8	4,573		123,100	7.0
5. 2018	2,831	0	3,065	0.0	3,065	108.3		105	3,170	112.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	.0	.0	.0	.0
2. 2014 .....	.0	.0	.0	.0	.0
3. 2015	XXX	.0	.0	.0	.0
4. 2016	XXX	XXX	1,322,265	185,164	(751)
5. 2017	XXX	XXX	XXX	1,828,741	74,666
6. 2018	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	.0	.0	.0	.0
2. 2014 .....	.0	.0	.0	.0	.0
3. 2015	XXX	.0	.0	.0	.0
4. 2016	XXX	XXX	1,543,815	1,513,403	1,507,128
5. 2017	XXX	XXX	XXX	1,919,392	1,907,530
6. 2018	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2015 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2016	1,397,986	(751)	32,978	(4,391.2)	32,227	2.3	.0	.0	32,227	2.3
4. 2017	1,748,319	74,666	43,861	58.7	118,527	6.8	4,573	.0	123,100	7.0
5. 2018	2,831	0	3,065	0.0	3,065	108.3	0	105	3,170	112.0

Pt 2C - Sn B - Incurred Claims - Comp
NONE

Pt 2C - Sn B - Incurred Claims - MS
NONE

Pt 2C - Sn B - Incurred Claims - DO
NONE

Pt 2C - Sn B - Incurred Claims - VO
NONE

Pt 2C - Sn B - Incurred Claims - FE
NONE

Pt 2C - Sn B - Incurred Claims - XV
NONE

Part 2C - Sn C - Claims Expense Ratio Co
NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

Part 2C - Sn C - Claims Expense Ratio XV
NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			1,288,990		1,288,990
2. Salaries, wages and other benefits			1,719,080		1,719,080
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses			2,158		2,158
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			64,125		64,125
7. Traveling expenses			55,356		55,356
8. Marketing and advertising			26,671		26,671
9. Postage, express and telephone			21,540		21,540
10. Printing and office supplies			112,985		112,985
11. Occupancy, depreciation and amortization			452,753		452,753
12. Equipment			859		859
13. Cost or depreciation of EDP equipment and software			207,258		207,258
14. Outsourced services including EDP, claims, and other services			203,541		203,541
15. Boards, bureaus and association fees			1,960		1,960
16. Insurance, except on real estate			159,825		159,825
17. Collection and bank service charges			(10,950)		(10,950)
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes			77,260		77,260
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			58,251		58,251
23.4 Payroll taxes			339,901		339,901
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				102,432	102,432
25. Aggregate write-ins for expenses	0	0	2,631,228	0	2,631,228
26. Total expenses incurred (Lines 1 to 25)	0	0	7,412,791	102,432	(a) 7,515,223
27. Less expenses unpaid December 31, current year	0	104,627	2,174		106,801
28. Add expenses unpaid December 31, prior year	2,292,944	876,943	994,510	0	4,164,397
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,292,944	772,316	8,405,127	102,432	11,572,819
DETAILS OF WRITE-INS					
2501. Consulting.....			1,205		1,205
2502. Miscellaneous Expenses.....			26,204		26,204
2503. Administrative Services.....			2,476,513		2,476,513
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	127,306	0	127,306
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	2,631,228	0	2,631,228

(a) Includes management fees of \$2,476,513 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....	.....
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....69,158	.....337,798
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....1,781,180	.....1,906,768
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	1,850,338	2,244,566
11.	Investment expenses		(g).....102,431
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....102,431
17.	Net investment income (Line 10 minus Line 16)		2,142,135
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$4,903 accrual of discount less \$ amortization of premium and less \$2,099 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$889 accrual of discount less \$3,851 amortization of premium and less \$16,567 paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....			.....0		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....0	.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....	.....(21,688)		.....(21,688)	.....(61)	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	(21,688)	0	(21,688)	(61)	0
DETAILS OF WRITE-INS						
0901.	.....			.....0		
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	460,133	460,133
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	2,830	0	(2,830)
24. Health care and other amounts receivable.....	2,033,640	5,031,944	2,998,304
25. Aggregate write-ins for other-than-invested assets	0	479,300	479,300
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,036,470	5,971,377	3,934,907
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	2,036,470	5,971,377	3,934,907
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	0	159,825	159,825
2502. Leasehold Improvement.....	0	319,475	319,475
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	479,300	479,300

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	0	0	0	0	0	0
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS IOWA, INC.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices
The financial statements of AmeriHealth Caritas Iowa, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Iowa Insurance Division (IID).

The IID recognizes only statutory accounting practices prescribed or permitted by the State of Iowa for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Iowa Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Iowa. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State has imposed limitations on the investments held by the Company pursuant to Iowa Statute 515.35. These limitations do not have any monetary effect on net income(loss), surplus or risk based capital.

A reconciliation of the Company's net income(loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Iowa is shown below:

	SSAP #	F/S Page	F/S Line#	2018	2017
NET INCOME					
(1) AmeriHealth Caritas Iowa, Inc. state basis (Page 4, Line 32, Columns 2 & 3)				\$ 31,114,976	\$ (169,342,075)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(4) NAIC SAP (1-2-3=4)				<u>\$ 31,114,976</u>	<u>\$ (169,342,075)</u>
SURPLUS					
(5) AmeriHealth Caritas Iowa, Inc. state basis (Page 3, Line 33, Columns 3 & 4)				\$ 131,602,350	\$ 146,552,527
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP State imposed investment limitations	00	N/A	N/A	\$ 0	\$ 0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(8) NAIC SAP (5-6-7=8)				<u>\$ 131,602,350</u>	<u>\$ 146,552,527</u>

- B. Use of Estimates in the Preparation of the Financial Statements
The preparation of financial statements in conformity with accounting practices prescribed or permitted by the IID requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.
- C. Accounting Policy
The Company uses the following accounting policies:
- (1) Short-term investments are stated at amortized cost.
 - (2) Bonds and other debt instruments are stated at amortized cost or at values prescribed by the IID. Bonds with an NAIC designation of 3 through 6 are reported at the lower of amortized cost or fair value. The amortized cost of bonds is adjusted for amortization of premiums and accretion of discounts using the scientific-interest method. Realized investment gains and losses on the sale of investments are recognized on the specific identification basis as of the trade date. Realized losses also include losses for fair value declines that are considered to be other than temporary. Interest income is recognized when earned.
 - (3) Common Stocks – None
 - (4) Preferred Stock – None
 - (5) Mortgage Loans – None
 - (6) Loan-backed securities – None
 - (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
 - (8) Investments in joint ventures, partnerships and limited liability companies – None
 - (9) Derivatives – None
 - (10) Anticipated investment income as a factor in premium deficiency calculation – None
 - (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – Accrued medical expenses and unpaid claims adjustment expenses include medical expenses billed and not paid, an estimate for costs incurred but not reported (IBNR), and estimated costs to process these claims. To estimate the IBNR balance the Company uses the triangulation method. The method of triangulation uses estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors. The IBNR balance as of December 31, 2018 relates to the prior year.

The Company determines IBNR in accordance with actuarial principles and assumptions that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. Actuarial Standards of Practice require that the liabilities be adequate under moderately adverse circumstances. Actuarial estimates are based upon authorized healthcare services, past claims payment experience, member census, and other relevant factors. The Company consistently applies its reserving methodology from period to period and periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs.

While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates. The Company recognizes any change in estimates in medical and hospital expenses in the period in which the change is identified.
 - (12) Fixed asset capitalization policy modifications – Furniture and leasehold improvements are designated as "non-admitted assets" and are charged directly to capital and surplus. Electronic data processing (EDP) equipment exceeding three percent of statutory capital and surplus for the most recently filed statement with the IID (adjusted to exclude EDP equipment and deferred taxes) are designated as non-admitted assets and are charged directly to capital and surplus. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets, which ranges from three to seven years. Leasehold improvements are amortized on a straight-line basis over the shorter of the lease term or estimated useful life of the asset. Maintenance and repairs are charged to operations when incurred.
 - (13) Pharmaceutical Rebates – None
- D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger
- (1) Name and brief description of the combined entities – None
 - (2) Method of accounting – None
 - (3) Shares of stock issued in the transaction – None
 - (4) Details of results of operations – None
 - (5) Adjustments recorded directly to surplus – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in the Discontinued Operation After Disposal – None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
- (1) Prepayment assumptions – None
 - (2) Recognized Other-than-Temporary Impairment – None
 - (3) Present Value of Cash Flows – None
 - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
 - (a) The aggregate amount of unrealized losses – None
 - (b) The aggregate related fair value of securities with unrealized losses – None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-income housing tax credits (LIHTC) – None
- L. Restricted Assets
- (1) Restricted Assets (Including Pledged) – None
 - (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
 - (3) Detail of Other Restricted Assets – None
 - (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – None
- P. 5GI Securities – None
- Q. Short Sales – None
- R. Prepayment Penalty and Acceleration Fees – None

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
- B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. **Investment Income**

- A. Due and accrued income is excluded from surplus on the following bases:
All investment income due and accrued with amounts that are over 90 days past due.
- B. Total amount excluded was \$0.

8. **Derivative Instruments**

- A. Market risk, credit risk and cash requirements of the derivative instruments – None
- B. Objective for using derivative instruments – None
- C. Accounting policies for recognizing and measuring derivatives instruments used – None
- D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
- E. Net gain or loss recognized for derivative instruments no longer qualifying for hedge accounting – None
- F. Derivative instruments accounted for as cash flow hedges – None

9. **Income Taxes**

- A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) are as follows:

26.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS IOWA, INC.

D.

The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate to income(loss) before income taxes as follows:

	12/31/2018	12/31/2017
Current income tax expense (benefit) incurred	\$ (15,438,858)	\$ (12,532,500)
Change in deferred income tax (without tax on unrealized gains and losses)	..... 0	..... 0
Total income tax expense (benefit) reported	..... (15,438,858)	..... (12,532,500)
Loss before taxes	..... 15,676,118	..... (181,874,575)
Statutory Tax Rate	..... 21%	..... 35%
Expected income tax benefit at statutory tax rate	..... 3,291,985	..... (63,656,101)
Increase (decrease) in actual tax reported resulting from:		
a. Nondeductible expenses for meals and entertainment	..... 774	..... 13,025
b. Change in deferred taxes on nonadmitted assets	..... 826,331	..... 1,128,012
c. Change in valuation allowance adjustment	..... (19,666,991)	..... (16,115,381)
d. Other – rounding/tax exempt income	..... 109,043	..... (290)
e. Effect of change in tax law	..... 0	..... 66,098,235
Total income tax expense (benefit) reported	\$ (15,438,858)	\$ (12,532,500)

E.

1.

As of December 31, 2018 there was \$361,255,039 net operating loss carryforward available for tax purposes.

2.

The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

	Ordinary	Capital
2018	\$ 0	\$ 0
2017	\$ 0	\$ 0

3.

The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code – None

F.

The Company's federal income tax return is consolidated with the following entities: AMHP Holdings Corp (Holdings), AmeriHealth Caritas District of Columbia, Inc. Select Health of South Carolina, Inc., Community Behavioral HealthCare Network of Pennsylvania, Inc., CBHNP Services, Inc., AmeriHealth Caritas Louisiana, Inc., AmeriHealth Michigan, Inc., AmeriHealth Caritas Delaware, Inc., AmeriHealth Caritas Texas, Inc., AmeriHealth Caritas Kansas, Inc.

The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax sharing agreement.

G.

Federal or foreign income tax loss contingencies – None

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.,B.,

Material related party transactions – On February 26, 2018, \$5,000,000 in cash was received by the Company from Holdings, fulfilling Statement of Statutory Accounting Principles C. (SSAP) No. 72, *Surplus and Quasi-Reorganizations* requirements. The Company paid an extraordinary distribution in the amount of \$50,000,000 to Holdings on December 20, 2018.

C.

At December 31, 2018, the Company reported the below amounts due to related parties:

(1)

AmeriHealth Caritas Services, LLC (ACS)

\$28,379

E.

Parental guarantees – None

F.

Material management or service arrangements:

(1)

The Company maintains a Management and Administrative Services Agreement with ACS, an affiliated company.

(2)

PerformRx, LLC (PerformRx), a wholly owned subsidiary of AmeriHealth Caritas Health Plan (ACHP), provides pharmacy benefit management services to the Company.

(3)

PerformSpecialty, LLC, (PerformSpecialty) a wholly owned subsidiary of PerformRx, supplied specialty pharmacy drugs to the Company's members. Amounts due to PerformSpecialty are included in claims unpaid on pg. 3 of the annual statement.

G.

The Company is an indirect wholly owned subsidiary of ACHP. ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.

H.

Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None

I.

Investments in an SCA entity that exceed 10% of admitted assets – None

J.

Write-downs for impaired investments in SCA entities – None

K.

Investment in foreign subsidiary calculation – None

L.

Investment in a downstream noninsurance holding company – None

M.

All SCA Investments

(1)

Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None

(2)

NAIC filing response information – None

N.

Investment in Insurance SCAs – None

O.

SCA Loss Tracking – None

11. Debt

A.

Capital Notes – None

B.

Federal Home Loan Bank (FHLB) Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.

Defined Benefit Plan – None

B.,C.

Postretirement Plan Assets – None

D.

Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None

E.

Defined Contribution Plans – None

F.

Multiemployer Plans – None

G.

Consolidated/Holding Company Plans – None

H.

Postemployment Benefits and Compensated Absences – None

I.

Impact of Medicare Modernization Act on Postretirement Benefits – None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A.

Common Capital stock outstanding - The Company has 100 shares authorized, 50 shares issued and outstanding.

B.

Preferred stock – None

C.

Dividend restrictions – Pursuant to Iowa Statute 515.44, the directors or managers of a stock company, incorporated under the laws of the state of Iowa shall make no dividends except from the earned profits arising from their business, which shall not include contributed capital or contributed surplus.

D.

Dates and amounts of dividends paid – None

E.

Stockholder's portion of ordinary dividend from profits – None

F.

Restrictions placed on unassigned funds (surplus) – None

G.

The total amount of advances to surplus not repaid – None

H.

The amount of stock held by the Company for special purposes – None

I.

Changes in balances of special surplus funds from the prior year – On January 22, 2018, the Continuing Appropriations Act of 2018 placed a moratorium on the Affordable Care Act (ACA) assessment, suspending collection of the health insurance fee for the 2019 calendar year (2018 data year). Thus, premiums written during 2018 are not subject to this assessment and segregation of special surplus is not required. As of December 31, 2018, the change in balance of special surplus funds from the prior year, was \$14,798,963.

J.

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses are \$(346).

K.

Surplus notes – None

L.

Impact of any restatement due to quasi-reorganization – None

M.

Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

14. Liabilities, Contingencies and Assessments

A.

Contingent Commitments – None

B.

Assessments – None

C.

Gain Contingencies – None

D.

Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None

E.

Joint and Several Liabilities – None

F.

All Other Contingencies – None

15. Leases

A.

Lessee Operating Leases

(1)

The Company is party to a noncancelable operating lease, primarily for office space and equipment, expiring February 28, 2019. Rental expense for 2018 and 2017 was \$1,288,990 and \$1,576,095, respectively.

(2)

At December 31, 2018, the minimum aggregate rental commitments are as follow:

	Year Ending	Operating Leases
	December 31	
1.	2019	\$ 7,048
2.	2020	\$ 0
3.	2021	\$ 0
4.	2022	\$ 0
5.	2023	\$ 0
6.	Total	\$ 7,048

(3)

The company is not involved in any material sales – leaseback transactions.

B.

Lessor Leases

(1)

Operating Leases – None

(2)

Leveraged Leases – None

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16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk
 - A. The face, contract or notional principle amount – None
 - B. The nature and terms of the contract – None
 - C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
 - D. The Company’s policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables reported as Sales – None
 - B. Transfer and Servicing of Financial Assets – None
 - C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. ASO Plans – None
 - B. ASC Plans – None
 - C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements
 - A.,B. Fair value measurement at reporting date
 - (1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
 - (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
 - (3) Transfers in and/or out of Level 3 – None
 - (4) Fair value measurements categorized within Level 2 and 3 – None
 - C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
 - D. Not practicable to estimate Fair Value – None
 - E. Investment measurement using the NAV practical expedient – None
21. Other Items
 - A. Unusual or Infrequent Items – In October 2017, the Company entered into a mutual agreement with the Iowa Department of Human Services to terminate its contract to provide Medicaid managed care services in the state of Iowa effective November 30, 2017. The Company ceased providing services to enrollees as of such effective date and continues to perform certain activities related to run out of operations.
 - B. Troubled Debt Restructuring: Debtors – None
 - C. Other Disclosures – None
 - D. Business Interruption Insurance Recoveries – None
 - E. State Transferable and Non-transferable Tax Credits – None
 - F. Subprime-Mortgage-Related Risk Exposure – None
 - G. Retained Assets – None
 - H. Insurance-Linked Securities (ILS) Contracts – None
22. Events Subsequent
 - Type 1 – Recognized subsequent events – None
 - Type 2 – Nonrecognized subsequent events

Subsequent events have been considered through March 1, 2019 for the statutory statement year ending December 31, 2018.

The Company is subject to an annual fee under section 9010 of the Federal ACA. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As the Company did not write business effective January 1, 2018, the Company was not subject to the fee related to the 2018 calendar year (2017 data year).
23. Reinsurance
 - A. Ceded Reinsurance Report – None
 - B. Uncollectible Reinsurance – None
 - C. Commutation of Ceded Reinsurance – None
 - D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
 - (2) Reporting Entity’s Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
 - A. Accrued retrospective premium adjustments – None
 - B. Accrued retrospective premium as an adjustment to earned premium – None
 - C. The amount of net premium written that are subject to retrospective rating features – None
 - D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
 - E. Risk-Sharing Provisions of the ACA – None
25. Change in Incurred Claims and Claim Adjustment Expenses – None
 - Reserves as of December 31, 2017 were \$99,794,477 for incurred claims and claim adjustment expenses. As of December 31, 2018, \$77,084,440 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior year unpaid claims are now \$4,572,820 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$18,137,217 during 2018 for the year ended December 31, 2017. Changes in estimates of incurred claims for prior years are primarily attributable to reserving under moderately adverse conditions as well as changes in utilization and loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
26. Intercompany Pooling Arrangements – None
27. Structured Settlements – None
28. Health Care Receivables
 - A. Pharmaceutical Rebate Receivables – None
 - B. Risk Sharing Receivables – None
29. Participating Policies – None
30. Premium Deficiency Reserves – None
31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating? Iowa.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2016
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2016
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....05/19/2018
- 3.4

By what department or departments? Pennsylvania Insurance Department.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes [] No [X]
- 4.12 renewals?

Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes [] No [X]
- 4.22 renewals?

Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- If yes, complete and file the merger history data file with the NAIC.
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,
- 7.21 State the percentage of foreign control

.....0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG, 1601 Market Street, Philadelphia, PA 19103.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Omar Haq, Vice President, Actuarial Services, AmeriHealth Caritas Health Plan, 100 Stevens Drive, Philadelphia, PA 19113, employee of the holding company system.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

0

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.103 Total payable for securities lending reported on the liability page \$.....0

GENERAL INTERROGATORIES

- 25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [] No [X]
- 25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....

25.22

Subject to reverse repurchase agreements

\$.....

25.23

Subject to dollar repurchase agreements

\$.....

25.24

Subject to reverse dollar repurchase agreements

\$.....

25.25

Placed under option agreements

\$.....

25.26

Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

\$.....

25.27

FHLB Capital Stock

\$.....

25.28

On deposit with states

\$.....

25.29

On deposit with other regulatory bodies

\$.....

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$.....

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$.....

25.32

Other

\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

- 26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A [X]
- 27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]
- 27.2

If yes, state the amount thereof at December 31 of the current year.

\$.....
28.

Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian’s Address
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....
.....

- 28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]
- 28.04

If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD.....	I.....
Western Asset Management Company.....	U.....
.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
CRD 110441.....	Western Asset Management Company.....	.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	57,369,328	57,369,685	357
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	57,369,328	57,369,685	357

30.4 Describe the sources or methods utilized in determining the fair values:

IDC’s bond pricing service is used to determine the fair value of bonds. For short-term investments cost approximates fair value due to the short-term nature of these investments.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b.Issuer or obligor is current on all contracted interest and principal payments.
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?

Yes [] No []
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?

Yes [] No []

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 36.1 Amount of payments for legal expenses, if any?

\$
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only.

\$0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$2,831,245	\$	.....1,748,319,046
2.2	Premium Denominator	\$2,831,245	\$	.....1,748,319,046
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$4,572,820	\$	.....96,624,590
2.5	Reserve Denominator	\$4,572,820	\$	.....96,624,590
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

In 2018 the Company was in decommission and as such previous reinsurance contract was not renewed.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All providers have executed hold-harmless agreements for continuation of servcies.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....48,093

8.2 Number of providers at end of reporting year

.....

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [X] No []

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Iowa.....

11.4 If yes, show the amount required.

\$.....1,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Adair.....
Adams.....
Allamakee.....
Appanoose.....
Audubon.....
Benton.....
Black Hawk.....
Boone.....
Bremer.....
Buchanan.....
Buena Vista.....
Butler.....
Calhoun.....
Carroll.....
Cass.....
Cedar.....
Cerro Gordo.....
Cherokee.....
Chicksasaw.....
Clarke.....
Clay.....
Clayton.....
Clinton.....
Crawford.....
Dallas.....
Davis.....
Decatur.....
Delaware.....
Des Moines.....
Dickinson.....
Dubuque.....
Emmet.....
Fayette.....
Floyd.....
Franklin.....
Fremont.....
Greene.....
Grundy.....
Guthrie.....
Hamilton.....
Hancock.....
Hardin.....
Harrison.....
Henry.....
Howard.....
Humboldt.....
Ida.....
Iowa.....
Jackson.....
Jasper.....
Jefferson.....
Johnson.....
Jones.....
Keokuk.....
Kossuth.....
Lee.....
Linn.....
Louisa.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Lucas.....
Lyon.....
Madison.....
Mahaska.....
Marion.....
Marshall.....
Mills.....
Mitchell.....
Monona.....
Monroe.....
Montgomery.....
Muscatine.....
O'Brien.....
Osceola.....
Page.....
Palo Alto.....
Plymouth.....
Pocahontas.....
Polk.....
Pottawattamie.....
Poweshiek.....
Ringgold.....
Sac.....
Scott.....
Shelby.....
Sioux.....
Story.....
Tama.....
Taylor.....
Union.....
Van Buren.....
Wapello.....
Warren.....
Washington.....
Wayne.....
Webster.....
Winnebago.....
Winneshiek.....
Woodbury.....
Worth.....
Wright.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$.....
- 15.2 Total incurred claims \$.....
- 15.3 Number of covered lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE - YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	136,433,865	255,360,163	453,594,479	41,242,859	0
2. Total liabilities (Page 3, Line 24)	4,831,515	108,807,636	313,533,934	33,022,481	0
3. Statutory minimum capital and surplus requirement	1,000,000	1,000,000	1,000,000	1,000,000	0
4. Total capital and surplus (Page 3, Line 33)	131,602,350	146,552,527	140,060,545	8,220,378	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,831,245	1,748,319,046	1,397,985,528	0	0
6. Total medical and hospital expenses (Line 18)	(18,137,217)	1,888,979,585	1,543,815,412	0	0
7. Claims adjustment expenses (Line 20)	0	44,150,698	35,857,959	0	0
8. Total administrative expenses (Line 21)	7,412,791	75,630,466	59,469,227	7,876,198	0
9. Net underwriting gain (loss) (Line 24)	13,555,671	(183,242,155)	(293,205,933)	(33,026,883)	0
10. Net investment gain (loss) (Line 27)	2,120,447	1,367,579	98,082	0	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	31,114,976	(169,342,075)	(293,107,851)	(33,026,883)	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	15,223,994	(417,547,044)	(91,651,503)	(7,783,615)	0
Risk-Based Capital Analysis					
14. Total adjusted capital.....	131,602,350	146,552,527	140,060,545	8,220,378	0
15. Authorized control level risk-based capital	851,122	72,648,040	67,672,946	62,727	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	0	0	222,977	0	0
17. Total members months (Column 6, Line 7)	0	2,447,330	1,956,658	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	(640.6)	108.0	110.4	0.0	0.0
20. Cost containment expenses	0.0	1.8	1.2	0.0	0.0
21. Other claims adjustment expenses	0.0	0.7	1.3	0.0	0.0
22. Total underwriting deductions (Line 23)	(378.8)	110.5	121.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	478.8	(10.5)	(21.0)	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	78,487,373	191,138,213	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	96,624,590	221,550,647	0	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

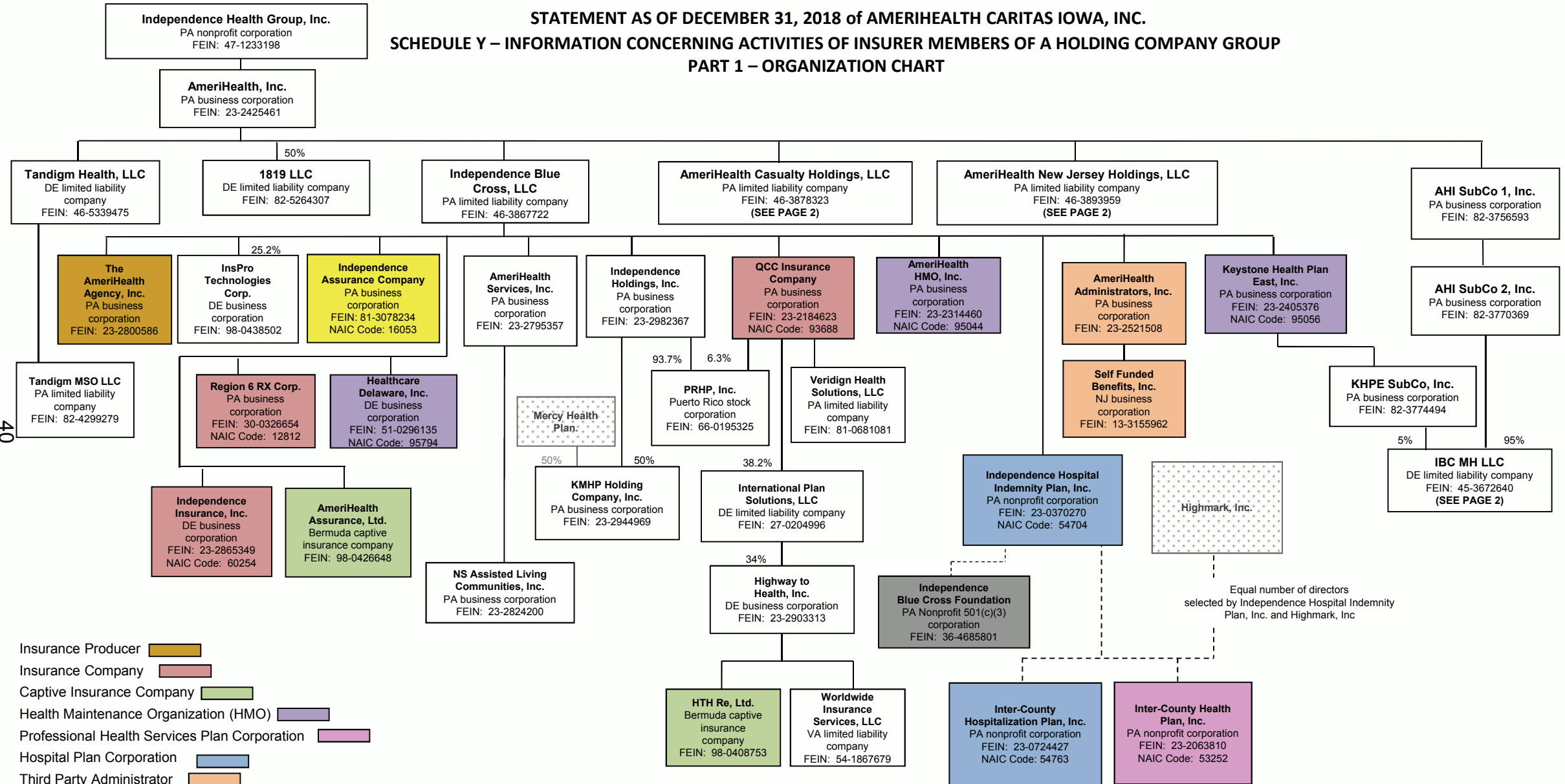
Allocated by States and Territories

			1	Direct Business Only							
				2	3	4	5	6	7	8	9
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	N							0	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	L			2,831,245				2,831,245	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	N							0	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	N							0	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio	OH	N							0	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	0	0	2,831,245	0	0	0	2,831,245	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX							0	
61.	Total (Direct Business)		XXX	0	0	2,831,245	0	0	0	2,831,245	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

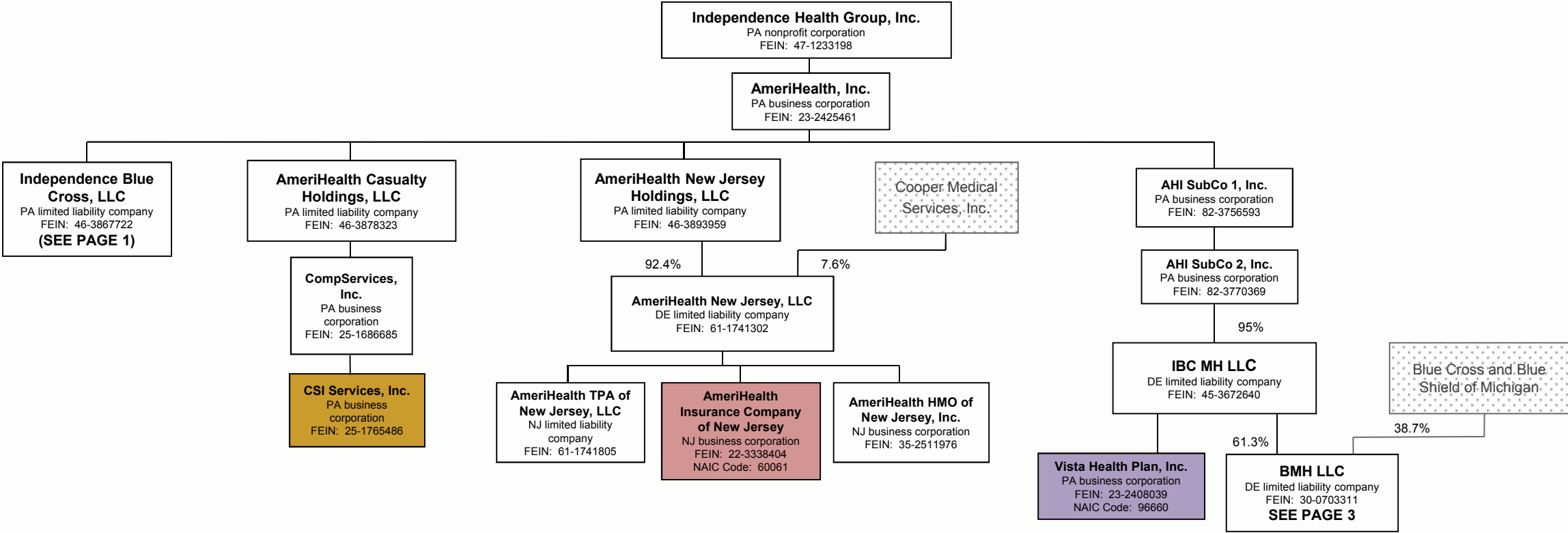
(a) Active Status Counts
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state .56

(b) Explanation of basis of allocation of premiums by states, etc.
The Company has business in the state of Iowa only.

STATEMENT AS OF DECEMBER 31, 2018 of AMERIHEALTH CARITAS IOWA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

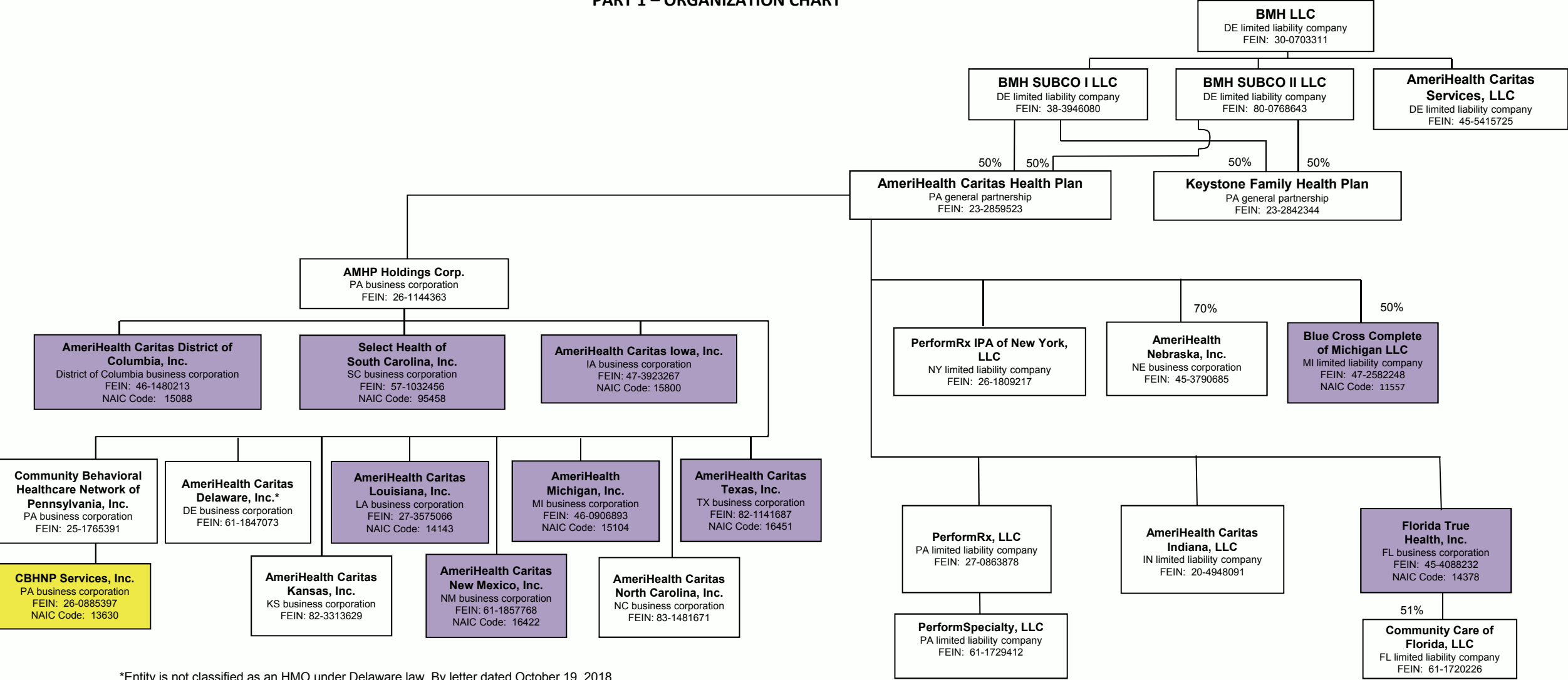


STATEMENT AS OF DECEMBER 31, 2018 of AMERIHEALTH CARITAS IOWA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



STATEMENT AS OF DECEMBER 31, 2018 of AMERIHEALTH CARITAS IOWA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

40.2



*Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.

RANLI	
HMO	

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